

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90201 036 ***150.00

DOCUMENT # P96000078409

1. Corporation Name
BESTWAY BUS SERVICE, INC.

Principal Place of Business
3761 SW 139TH PL.
MIAMI FL 33175

Mailing Address
3761 SW 139TH PL.
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1996

4. FEI Number

65-0699822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3766 SW 133RD PLACE

2a. Mailing Address

26 3766 SW 133RD PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33175

Country

25 US

Zip

29 33175

Country

30 US

9. Name and Address of Current Registered Agent

VILALTA, SUSANA
3761 SW 139TH PL.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

SUSANA VILALTA

82 Street Address (P.O. Box Number is Not Acceptable)

83 3766 SW 133RD PLACE

84 City

MIAMI

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV ☐ DELETE
NAME VILALTA, SUSANA
STREET ADDRESS 3761 SW 139TH PL.
CITY-ST-ZIP MIAMI FL 33175

TITLE DT ☐ DELETE
NAME VILALTA, IVAN
STREET ADDRESS 3761 SW 139TH PL.
CITY-ST-ZIP MIAMI FL 33175

TITLE DS ☐ DELETE
NAME FERNANDEZ, CARLOS
STREET ADDRESS 3761 S.W. 139TH PLACE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPV ☒ Change ☐ Addition
1.2 NAME VILALTA, SUSANA
1.3 STREET ADDRESS 3766 SW 133RD PLACE
1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE DT ☒ Change ☐ Addition
2.2 NAME VILALTA, IVAN
2.3 STREET ADDRESS 3766 SW 139TH PLACE
2.4 CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME FERNANDEZ, CARLOS
3.3 STREET ADDRESS 3761 S.W. 139TH PLACE
3.4 CITY-ST-ZIP MIAMI FL 33175

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 3766 SW 133RD PLACE
4.3 STREET ADDRESS MIAMI FL 33175
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)